

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Coventry Health Care Inc - First Health Group PAC

ADDRESS (number and street)

901 New York Avenue NW Third Floor

☐Check if different
than previously
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00217216

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Ruhlmann

Signature of Treasurer

Electronically Filed by John Ruhlmann

Date

01

30

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Coventry Health Care Inc - First Health Group PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		118055.67
(b) Cash on Hand at Beginning of Reporting Period	104899.18	
(c) Total Receipts (from Line 19)	31324.78	50167.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	136223.96	168222.96
7. Total Disbursements (from Line 31)	17000.00	48999.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119223.96	119223.96
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27849.77	38094.93
(i) Itemized (use Schedule A)		
(ii) Unitemized	3475.01	12072.36
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	31324.78	50167.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	31324.78	50167.29
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31324.78	50167.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31324.78	50167.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	42500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	3000.00	6499.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17000.00	48999.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	48999.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31324.78	50167.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31324.78	50167.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Andrew L Asher

Mailing Address 433 Lakelands Drive

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	7

Transaction ID: A2007-2449028

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: A2007-1175536

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: A2007-1359334

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

1076.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337825

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551410

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653675

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653726

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275091

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275138

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207887

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294766

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442823

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518188

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518124

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Pamela Barnes

Mailing Address 804 Dorset Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275119

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

86.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Pamela Barnes

Mailing Address 804 Dorset Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207868

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Pamela Barnes

Mailing Address 804 Dorset Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294747

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Pamela Barnes

Mailing Address 804 Dorset Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442804

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Pamela Barnes

Mailing Address 804 Dorset Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518169

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Pamela Barnes

Mailing Address 804 Dorset Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518105

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175533

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359331

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337822

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551407

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Dale Bleacher

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City

Richmond

State

VA

Zip Code

23233

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653670

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653721

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275086

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275133

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207882

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294761

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442818

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518183

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518119

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175522

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359320

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337811

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 18 / 164

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551396

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653660

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653711

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275077

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275124

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207873

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294752

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442809

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518174

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City State Zip Code
Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518110

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City State Zip Code
Georgetown PA 15043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275131

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City State Zip Code
Georgetown PA 15043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207880

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City

Georgetown

State

PA

Zip Code

15043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294759

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City

Georgetown

State

PA

Zip Code

15043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442816

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City

Georgetown

State

PA

Zip Code

15043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518181

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City

Georgetown

State

PA

Zip Code

15043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518117

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175552

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359350

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

86.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337840

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551425

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.46

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653690

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653741

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275106

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275153

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207902

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294781

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442838

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.75

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518203

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518139

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Catherine B Campbell

Mailing Address 10225 Windsor View Drive

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: A2007-2329570

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1076.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Lisa Chandler

Mailing Address 3946 Rhine Court
Suite 450

City State Zip Code
St. Charles MO 63304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518127

Amount of Each Receipt this Period

8.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kimberly D Covert

Mailing Address 17805 Sandcastle Court

City State Zip Code
Olney MD 20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: A2007-2449030

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City State Zip Code
Plainfield IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175521

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1028.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359319

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337810

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551395

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653659

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653710

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275076

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275123

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207872

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294751

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442808

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518173

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518109

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Elmer H Creasley

Mailing Address 23 Coldspring Road

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: A2007-2317695

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175550

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359348

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337838

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551423

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653687

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653738

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275103

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275150

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207899

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294778

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442835

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518200

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518136

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175529

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359327

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337818

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551403

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	7

Transaction ID: A2007-1653666

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Transaction ID: A2007-1653717

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: A2007-2275082

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275129

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207878

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294757

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442814

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518179

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Alan Dileo

Mailing Address 637 Westridge Drive

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518115

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Judith Elliott

Mailing Address 12055 Sabo Road #1113

City

Houston

State

TX

Zip Code

77089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275127

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Judith Elliott

Mailing Address 12055 Sabo Road #1113

City

Houston

State

TX

Zip Code

77089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207876

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Judith Elliott

Mailing Address 12055 Sabo Road #1113

City

Houston

State

TX

Zip Code

77089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294755

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Judith Elliott

Mailing Address 12055 Sabo Road #1113

City

Houston

State

TX

Zip Code

77089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442812

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Judith Elliott

Mailing Address 12055 Sabo Road #1113

City

Houston

State

TX

Zip Code

77089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518177

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Judith Elliott

Mailing Address 12055 Sabo Road #1113

City

Houston

State

TX

Zip Code

77089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518113

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Adrian Engels

Mailing Address 2523 E Oak Grove Dr

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275113

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Adrian Engels

Mailing Address 2523 E Oak Grove Dr

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207862

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Adrian Engels

Mailing Address 2523 E Oak Grove Dr

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294741

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Adrian Engels

Mailing Address 2523 E Oak Grove Dr

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: A2007-2442798

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Adrian Engels

Mailing Address 2523 E Oak Grove Dr

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: A2007-2518163

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Adrian Engels

Mailing Address 2523 E Oak Grove Dr

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: A2007-2518099

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

David Fagan

Mailing Address 2684 Kettering Court
Suite 450

City	State	Zip Code
St. Charles	MO	63303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: A2007-1175540

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David Fagan

Mailing Address 2684 Kettering Court
Suite 450

City	State	Zip Code
St. Charles	MO	63303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: A2007-1359338

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David Finkel

Mailing Address 550 Maryville Center Drive

City	State	Zip Code
St. Louis	MO	63141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: A2007-2518153

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359309

Amount of Each Receipt this Period

14.04

B.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337800

Amount of Each Receipt this Period

14.04

C.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551385

Amount of Each Receipt this Period

14.04

SUBTOTAL of Receipts This Page (optional)

42.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653651

Amount of Each Receipt this Period

14.04

B.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.76

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653702

Amount of Each Receipt this Period

14.04

C.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275068

Amount of Each Receipt this Period

14.04

SUBTOTAL of Receipts This Page (optional)

42.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.84

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275115

Amount of Each Receipt this Period

14.04

B.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207864

Amount of Each Receipt this Period

14.04

C.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294743

Amount of Each Receipt this Period

14.04

SUBTOTAL of Receipts This Page (optional)

42.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442800

Amount of Each Receipt this Period

14.04

B.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518165

Amount of Each Receipt this Period

14.04

C.

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518101

Amount of Each Receipt this Period

14.04

SUBTOTAL of Receipts This Page (optional)

42.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.60

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359317

Amount of Each Receipt this Period

14.04

B.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337808

Amount of Each Receipt this Period

14.04

C.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551393

Amount of Each Receipt this Period

14.04

SUBTOTAL of Receipts This Page (optional)

42.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653657

Amount of Each Receipt this Period

14.04

B.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.76

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653708

Amount of Each Receipt this Period

14.04

C.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275074

Amount of Each Receipt this Period

14.04

SUBTOTAL of Receipts This Page (optional)

42.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.84

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275121

Amount of Each Receipt this Period

14.04

B.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.88

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207870

Amount of Each Receipt this Period

14.04

C.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.92

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294749

Amount of Each Receipt this Period

14.04

SUBTOTAL of Receipts This Page (optional)

42.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442806

Amount of Each Receipt this Period

14.04

B.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518171

Amount of Each Receipt this Period

14.04

C.

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 3200 Highland Avenue
#21E

City State Zip Code
Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518107

Amount of Each Receipt this Period

14.04

SUBTOTAL of Receipts This Page (optional)

42.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Bruce Hodge

Mailing Address 750 Riverpoint Drive

City

West Sacramento

State

CA

Zip Code

95605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275136

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Bruce Hodge

Mailing Address 750 Riverpoint Drive

City

West Sacramento

State

CA

Zip Code

95605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207885

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Bruce Hodge

Mailing Address 750 Riverpoint Drive

City

West Sacramento

State

CA

Zip Code

95605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294764

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Bruce Hodge

Mailing Address 750 Riverpoint Drive

City

West Sacramento

State

CA

Zip Code

95605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442821

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Bruce Hodge

Mailing Address 750 Riverpoint Drive

City

West Sacramento

State

CA

Zip Code

95605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518186

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Bruce Hodge

Mailing Address 750 Riverpoint Drive

City

West Sacramento

State

CA

Zip Code

95605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518122

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175518

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359316

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337807

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551392

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653656

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653707

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275073

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275120

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207869

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294748

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442805

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518170

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518106

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David G Johnson

Mailing Address 2225 E. Marilyn Road

City

Phoenix

State

AZ

Zip Code

85022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2190.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: A2007-1575778

Amount of Each Receipt this Period

190.80

C.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175535

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

260.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359333

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337824

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551409

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653674

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653725

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275090

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275137

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207886

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294765

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442822

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518187

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518123

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175524

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359322

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337813

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551398

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653661

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653712

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275078

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275125

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207874

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294753

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442810

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518175

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: A2007-2518111

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher E Mackail

Mailing Address 15517 Quail Run Drive

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	7

Transaction ID: A2007-2449029

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kathleen Mallatt

Mailing Address 4304 South 16th Avenue

City

Omaha

State

NE

Zip Code

68135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: A2007-2518211

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional)

1101.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen Mallatt

Mailing Address 4304 South 16th Avenue

City

Omaha

State

NE

Zip Code

68135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518147

Amount of Each Receipt this Period

76.93

B.

Full Name (Last, First, Middle Initial)

John Martin

Mailing Address 3174 Wild Meadow Ln

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275140

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

John Martin

Mailing Address 3174 Wild Meadow Ln

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207889

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

96.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

John Martin

Mailing Address 3174 Wild Meadow Ln

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294768

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

John Martin

Mailing Address 3174 Wild Meadow Ln

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442825

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

John Martin

Mailing Address 3174 Wild Meadow Ln

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518190

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

John Martin

Mailing Address 3174 Wild Meadow Ln

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518126

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175530

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359328

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337819

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551404

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653667

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 75 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653718

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275083

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275130

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 76 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207879

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294758

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442815

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518180

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518116

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Timothy Meyers

Mailing Address 12001 Pineapple Grove Drive

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2208001

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 164

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175542

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359340

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337830

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 79 / 164

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A.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551415

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653680

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653731

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 80 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275096

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275143

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207892

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 81 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294771

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442828

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518193

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 82 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jay Moorhead

Mailing Address 101 Briggs Lane
Suite 450City State Zip Code
Newark DE 19711FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518129

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City State Zip Code
Lee's Summit MO 64064FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175549

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City State Zip Code
Lee's Summit MO 64064FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359347

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337837

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551422

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653688

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 84 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653739

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275104

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275151

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207900

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294779

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442836

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518201

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Jack Noble

Mailing Address 4020 NE Woodridge Drive

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518137

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Jayne Olshanski

Mailing Address 3312 Ventana Drive
Suite 450

City

Robinson Twp.

State

PA

Zip Code

15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275144

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jayne Olshanski

Mailing Address 3312 Ventana Drive
Suite 450

City State Zip Code
Robinson Twp. PA 15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207893

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Jayne Olshanski

Mailing Address 3312 Ventana Drive
Suite 450

City State Zip Code
Robinson Twp. PA 15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294772

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Jayne Olshanski

Mailing Address 3312 Ventana Drive
Suite 450

City State Zip Code
Robinson Twp. PA 15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442829

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jayne Olshanski

Mailing Address 3312 Ventana Drive
Suite 450

City State Zip Code
Robinson Twp. PA 15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518194

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Jayne Olshanski

Mailing Address 3312 Ventana Drive
Suite 450

City State Zip Code
Robinson Twp. PA 15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518130

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mary Louise Osborne

Mailing Address 11 Stanwix Street

City State Zip Code
Pittsburgh PA 15222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518148

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 89 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Martin Ovens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175510

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Martin Ovens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359308

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Martin Ovens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337799

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Martin Ovens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551384

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Martin Ovens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653650

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Martin Ovens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653701

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Martin Owens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275067

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Martin Owens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275114

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Martin Owens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207863

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Martin Owens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294742

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Martin Owens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442799

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Martin Owens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518164

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Martin Owens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518100

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Karen Panici

Mailing Address 901 New York Avenue NW Third Fl.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175508

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

Karen Panici

Mailing Address 901 New York Avenue NW Third Fl.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359306

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

58.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Karen Panici

Mailing Address 901 New York Avenue NW Third Fl.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337798

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

Karen Panici

Mailing Address 901 New York Avenue NW Third Fl.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551383

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

Derwood

State

MD

Zip Code

20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175513

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

68.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

Derwood

State

MD

Zip Code

20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359311

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

Derwood

State

MD

Zip Code

20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337802

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

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20855

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C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551387

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 96 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653653

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

Derwood

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20855

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653704

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

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20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275070

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

Derwood

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20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275117

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

Derwood

State

MD

Zip Code

20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207866

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

Derwood

State

MD

Zip Code

20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294745

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

Derwood

State

MD

Zip Code

20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442802

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

Derwood

State

MD

Zip Code

20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518167

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Andre Polissedjian

Mailing Address 18028 Mill Creek Drive

City

Derwood

State

MD

Zip Code

20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518103

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 99 / 164

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Donald Potempa

Mailing Address 426 Verret St

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 7

Transaction ID: A2007-2501372

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175526

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359324

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 100 / 164

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

Lutherville

State

MD

Zip Code

21093

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337815

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551400

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653663

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

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21093

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653714

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

Lutherville

State

MD

Zip Code

21093

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275079

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

Lutherville

State

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Zip Code

21093

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275126

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 102 / 164

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Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

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State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207875

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

Lutherville

State

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21093

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294754

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

Lutherville

State

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442811

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 164

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518176

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Gerard Quinn

Mailing Address 1402 Chippendale Road

City

Lutherville

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21093

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518112

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175551

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359349

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337839

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551424

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653689

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653740

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275105

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275152

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207901

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294780

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442837

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518202

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518138

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: A2007-1175544

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: A2007-1359342

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	7

Transaction ID: A2007-1337832

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Steven Robino

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City

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66213

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551417

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653682

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653733

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 164

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Overland Park

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KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275098

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275145

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207894

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294773

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442830

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518195

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518131

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175517

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359315

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337806

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551391

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653671

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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Dennis Roth

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City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Transaction ID: A2007-1653722

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	7

Transaction ID: A2007-2275087

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: A2007-2275134

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

Transaction ID: A2007-2207883

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: A2007-2294762

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: A2007-2442819

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518184

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518120

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175548

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359346

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337836

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551421

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653686

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653737

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275102

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275149

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207898

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294777

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442834

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518199

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518135

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Daniel Scherr

Mailing Address 6310 Hillside Court

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: A2007-2275111

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Daniel Scherr

Mailing Address 6310 Hillside Court

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

Transaction ID: A2007-2207860

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Daniel Scherr

Mailing Address 6310 Hillside Court

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: A2007-2294739

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Daniel Scherr

Mailing Address 6310 Hillside Court

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442796

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Daniel Scherr

Mailing Address 6310 Hillside Court

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518161

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Daniel Scherr

Mailing Address 6310 Hillside Court

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518097

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175534

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359332

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337823

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551408

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653672

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653723

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	7

Transaction ID: A2007-2275088

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: A2007-2275135

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

Transaction ID: A2007-2207884

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294763

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442820

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518185

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518121

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Bruce Shepperson

Mailing Address 19046 Dixie Belle Lane

City

Bumpass

State

VA

Zip Code

23024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275122

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Bruce Shepperson

Mailing Address 19046 Dixie Belle Lane

City

Bumpass

State

VA

Zip Code

23024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207871

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Bruce Shepperson

Mailing Address 19046 Dixie Belle Lane

City State Zip Code
 Bumpass VA 23024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294750

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Bruce Shepperson

Mailing Address 19046 Dixie Belle Lane

City State Zip Code
 Bumpass VA 23024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442807

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Bruce Shepperson

Mailing Address 19046 Dixie Belle Lane

City State Zip Code
 Bumpass VA 23024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518172

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Bruce Shepperson

Mailing Address 19046 Dixie Belle Lane

City

Bumpass

State

VA

Zip Code

23024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: A2007-2518108

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Francis Soistman

Mailing Address 14925 Finegan Farm Drive

City

Darnstown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	7

Transaction ID: A2007-1866556

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: A2007-1175545

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

2560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359343

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337833

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551418

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653683

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653734

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275099

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275146

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207895

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294774

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442831

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518196

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518132

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

John J Stelben

Mailing Address 19416 Pyrite Lane

City

Brookeville

State

MD

Zip Code

20833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2653908

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

St. Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175553

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

St. Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359351

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

St. Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337841

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

St. Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551426

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

St. Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653691

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Coventry Health Care Inc - First Health Group PAC

A.

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C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653742

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

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Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275107

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

St. Louis

State

MO

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63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275154

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 137 / 164
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207903

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

St. Louis

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Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294782

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

St. Louis

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Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442839

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

St. Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518204

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Laurie Van Cleave

Mailing Address 5728 Lilac Trails Dr.

City

St. Louis

State

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Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518140

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jerome Wall

Mailing Address 8601 Breezewood Dr.

City

Pittsburgh

State

PA

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275147

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Jerome Wall

Mailing Address 8601 Breezewood Dr.

City

Pittsburgh

State

PA

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207896

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Jerome Wall

Mailing Address 8601 Breezewood Dr.

City

Pittsburgh

State

PA

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294775

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Jerome Wall

Mailing Address 8601 Breezewood Dr.

City

Pittsburgh

State

PA

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442832

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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City

Pittsburgh

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63128

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federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518197

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Jerome Wall

Mailing Address 8601 Breezewood Dr.

City

Pittsburgh

State

PA

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518133

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175514

Amount of Each Receipt this Period

57.70

SUBTOTAL of Receipts This Page (optional)

77.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 141 / 164

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359312

Amount of Each Receipt this Period

57.70

B.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337803

Amount of Each Receipt this Period

57.70

C.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551388

Amount of Each Receipt this Period

57.70

SUBTOTAL of Receipts This Page (optional)

173.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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A.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

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IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653654

Amount of Each Receipt this Period

57.70

B.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653705

Amount of Each Receipt this Period

57.70

C.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275071

Amount of Each Receipt this Period

57.70

SUBTOTAL of Receipts This Page (optional)

173.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 164

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275118

Amount of Each Receipt this Period

57.70

B.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207867

Amount of Each Receipt this Period

57.70

C.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1327.10

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294746

Amount of Each Receipt this Period

57.70

SUBTOTAL of Receipts This Page (optional)

173.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 164

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.80

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442803

Amount of Each Receipt this Period

57.70

B.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518168

Amount of Each Receipt this Period

57.70

C.

Full Name (Last, First, Middle Initial)

Ernest Wells Jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518104

Amount of Each Receipt this Period

57.70

SUBTOTAL of Receipts This Page (optional)

173.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175555

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359353

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337843

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551428

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653693

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653744

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275109

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275156

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207905

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294784

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442841

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518206

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518142

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael Wilson

Mailing Address 901 New York Avenue NW Third Fl.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: A2007-1175516

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Michael Wilson

Mailing Address 901 New York Avenue NW Third Fl.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359314

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Michael Wilson

Mailing Address 901 New York Avenue NW Third Fl.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337805

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Michael Wilson

Mailing Address 901 New York Avenue NW Third Fl.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551390

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Michael Wilson

Mailing Address 901 New York Avenue NW Third Fl.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518098

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Joseph Winn

Mailing Address 14022 Jump Drive

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: A2007-2518215

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joseph Winn

Mailing Address 14022 Jump Drive

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: A2007-2518151

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: A2007-1175554

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City State Zip Code
Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A2007-1359352

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City State Zip Code
Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: A2007-1337842

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City State Zip Code
Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1551427

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City State Zip Code
 Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 7 / 2 0 0 7

Transaction ID: A2007-1653692

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City State Zip Code
 Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 1 / 2 0 0 7

Transaction ID: A2007-1653743

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City State Zip Code
 Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 7

Transaction ID: A2007-2275108

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275155

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207904

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294783

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City State Zip Code
 Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442840

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City State Zip Code
 Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518205

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City State Zip Code
 Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518141

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Rachel Zektser

Mailing Address 2002 William Franklin Drive

City

Frederick

State

MD

Zip Code

21702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A2007-2275148

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Rachel Zektser

Mailing Address 2002 William Franklin Drive

City

Frederick

State

MD

Zip Code

21702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2007-2207897

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Rachel Zektser

Mailing Address 2002 William Franklin Drive

City

Frederick

State

MD

Zip Code

21702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: A2007-2294776

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Rachel Zektser

Mailing Address 2002 William Franklin Drive

City

Frederick

State

MD

Zip Code

21702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A2007-2442833

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Rachel Zektser

Mailing Address 2002 William Franklin Drive

City

Frederick

State

MD

Zip Code

21702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A2007-2518198

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Rachel Zektser

Mailing Address 2002 William Franklin Drive

City

Frederick

State

MD

Zip Code

21702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-2518134

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Zielinski

Mailing Address 621 Cornerstone Lane

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: A2007-1866557

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

27849.77

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 159 / 164

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Marsha Blackburn for Congress

Mailing Address P.O. Box 682185

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement
Contribution

Candidate Name
Marsha Blackburn

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: B181332

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

ORRINPAC

Mailing Address P.O. Box 1480

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: US District:

Not Applicable

Transaction ID: B195912

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Roberts for Senate

Mailing Address 228 S. Washington St. Suite B-20

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

Candidate Name
Pat Roberts

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: B195911

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 160 / 164

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A. Full Name (Last, First, Middle Initial) SNOWPAC	Transaction ID: B204817 Date of Disbursement																				
Mailing Address 175 SW Temple Suite 650	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	6		2	0	0	7												
City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																				
B. Full Name (Last, First, Middle Initial) Cantor for Congress	Transaction ID: B204815 Date of Disbursement																				
Mailing Address P.O. Box 21027	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	6		2	0	0	7												
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Eric I Cantor	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) The Grassley Committee	Transaction ID: B204808 Date of Disbursement																				
Mailing Address P.O. Box 1000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	6		2	0	0	7												
City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Charles E Grassley	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 161 / 164

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Mike Rogers for Congress

Mailing Address 700 12th St. NW Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
Mike J Rogers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: B204813

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Roberts for Senate

Mailing Address 228 S. Washington St. Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name
Pat Roberts

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: B204826

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

14000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 162 / 164

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

PA Insurance PAC

Mailing Address 1600 Market Street #1520

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
O-2007 State PAC PA

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Not Applicable

Transaction ID: B195913

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Steve Beshear for Governor

Mailing Address PO Box 4227

City Frankfort State KY Zip Code 40604

Purpose of Disbursement
G-2007 Governor KYCandidate Name
Steve Beshear011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B195910

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Craig Eiland Campaign

Mailing Address 2211 Strand Suite 201

City Galveston State TX Zip Code 77550

Purpose of Disbursement
P-2008 State House 23 TXCandidate Name
Craig Eiland011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B204825

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 163 / 164

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)

Burt Solomons Campaign

Mailing Address P.O. Box 117284

City
Carrollton

State
TX

Zip Code
75011

Purpose of Disbursement
P-2008 State House 65 TX

Candidate Name
Burt R. Solomons

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B204820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3000.00

Form/Schedule: **SA11AI**

Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.